



Your Pregnancy Guide: Working Together to Support a Healthy Pregnancy





YOUR PREGNANCY GUIDE

This booklet includes helpful information so you know what to expect during your pregnancy and how to have a healthy pregnancy. Medical care should begin as soon as you think you might be pregnant. This booklet does not replace the recommendations provided by your medical team. Frequent checkups are the best way to answer questions and protect your health and your baby's health. If you have any questions, please let us know. We are here to help you every step of the way!

Special thanks to March of Dimes for offering educational resources to our community.

Tips for a Successful Appointment

- Write down all your questions before your visit.
- Ask your provider about what your care team will look like during your prenatal care and delivery.
- Tell your provider about any problems you have getting to your prenatal visits. For example, you can't get time off from work, you don't have transportation or you don't have child care.
- Tell your provider about your medical history and the baby's father's medical history. This includes problems with pregnancy or other conditions, like diabetes or heart problems.
- Tell your provider about any medicine you take, including prescription and over-the-counter drugs, vitamin supplements, herbs or home remedies. Bring your medications with you to your appointment.
- Tell your provider if her advice or treatment does not agree with your beliefs.



Table of Contents

Pregnancy Precautions	2
Hospital Information: Seton Medical Center	2
Tips for a Successful Appointment	3
What to Expect from your Prenatal Care	3
Making Healthy Choices for You and Your Baby	5
Dental Care	8
Effects of Tobacco, Alcohol and Drug Use on You and Your Baby	8
Nutrition During Pregnancy	10
Exercise in Pregnancy	12
Your Changing Body in Pregnancy	12
Awareness of Fetal Movement/Fetal Kick Counts	14
Common Complications During Pregnancy	15
Preparing for Delivery	16
Labor and Delivery	17
Delivery Methods	19
Postpartum	20
Preparing for Your Baby	21



Pregnancy Precautions

Call CommUnityCare at 512-978-9015 or go the hospital if you have:

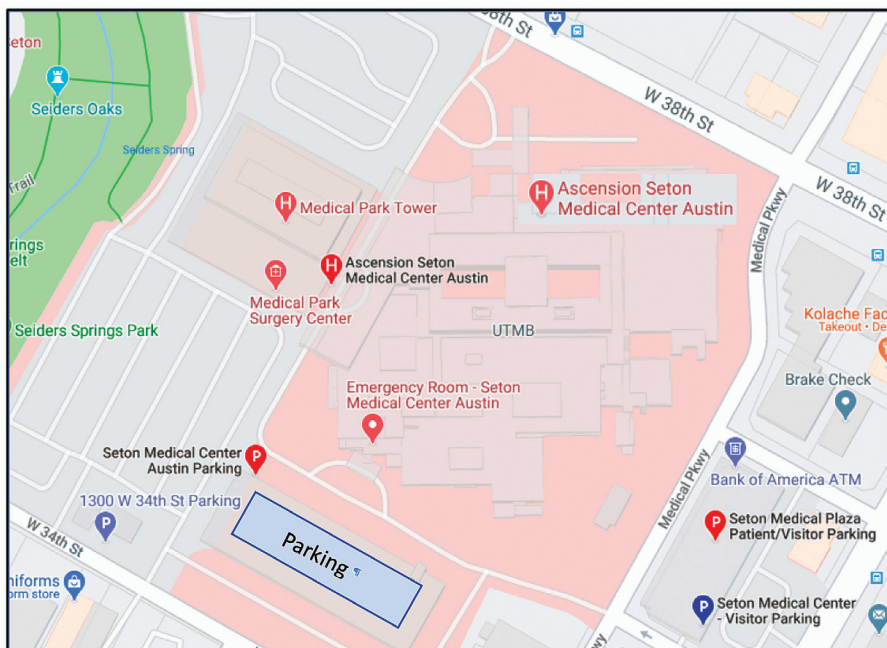
Early in Pregnancy (Less than 20 weeks)

- Severe cramping or severe belly pain
- Spotting that lasts for more than one day
- Bleeding that seems like a period or if you soak a sanitary pad every hour
- Clots, bright red blood, or something that looks like tissue coming from your vagina
- Foul smelling vaginal discharge
- Fainting or dizziness
- Painful urination
- Throwing up so much that you cannot keep anything down for 24 hours

Later in pregnancy (Greater than 20 weeks)

- Severe belly pain with no relief
- Painful contractions every 10 minutes if you are less than 37 weeks
- Painful contractions every 5 minutes if you are more than 37 weeks
- Any vaginal bleeding
- Painful urination
- Chills or fever above 100.4°F
- Foul smelling vaginal discharge
- Severe or constant headache
- Fainting or dizziness
- Sudden swelling in the face or hands
- Blurred vision or spots in front of your eyes
- Less movement than normal from your baby or less than 10 movements in two hours
- Fluid leaking from your vagina (your “water breaks”)

Hospital Information: Seton Medical Center



Street Address:

1201 W 38th St.
Austin, TX 78705
(512) 324-1000

Visitor Parking:

3705 Medical Pkwy
Austin, TX 78705

Maternity Services on 2nd Floor

Visitor Parking Rates (2020)

30 MinFree
1 Hours\$2
2 Hours\$3
3 Hours\$4
4 Hours\$5
5 Hours\$6
Each 24 Hours\$9
Valet 24 Hours\$10



What to Expect from your Prenatal Care

Available OB Programs at CommUnityCare

CarePartners – CarePartners is a program that offers the support of a social worker, nurse care manager and OB coordinator to work with you and your prenatal provider to meet your needs during and after pregnancy. The care team will connect you to community resources such as childbirth and breastfeeding classes, baby supplies and other resources as needed.

Centering Pregnancy – Centering Pregnancy is prenatal care that includes your regular health check-up with additional time for learning and sharing. You will meet with a healthcare provider and other women who are due near the same time for 10 sessions throughout your pregnancy. Centering Pregnancy is a way for you to learn and experience your pregnancy with other pregnant women. Each session includes interactive learning that will let you experience your pregnancy in a new and rewarding way.

Your Initial OB Visit

Your prenatal care begins with a complete exam. This includes a physical examination, blood tests, and a urine test. Your provider will also ask questions about your health.

Medical history – Your provider will ask about past pregnancies, including miscarriages and abortions, and your menstrual periods. They will ask about any illness you or your family members have and about history of birth defects in your family or in your partner's family.

Lab tests – Certain blood tests are needed to find infections and other conditions in pregnancy. These tests include Hepatitis B, Hepatitis C, measles, blood type and Rh factor, syphilis, diabetic screen, and HIV (AIDS). It is also important we screen for other sexually transmitted infections including gonorrhea and chlamydia. Your urine will be screened for signs of infection. Additional labs in pregnancy include testing for gestational diabetes and group B strep. Genetic screening tests will also be offered.

Immunizations – Immunizations protect you and your newborn from serious illness. Pregnant women receive the vaccine to prevent whooping cough (Tdap) during their third trimester. If flu season occurs during your pregnancy, you will need a flu shot.

Due date – Your provider will confirm your due date when you have your first ultrasound. The average length of pregnancy is 40 weeks. Normal, full term pregnancy can last from 37 to 41 weeks.



YOUR PREGNANCY GUIDE

Routine Prenatal Visits

Most women are seen by their provider every 4 weeks until 28 weeks gestation, every 2 weeks between 28-36 weeks gestation and then every week until delivery. If you have complications during your pregnancy, you will likely need to be seen more often. Every visit includes:

Abdominal exams – The size of your uterus shows the growth of your baby. The baby's position and size are checked. After the first trimester, your baby's heartbeat can be heard with a device called a fetal doppler.

Blood pressure – A blood pressure greater than or equal to 140/90 is concerning for gestational hypertension or pre-eclampsia. This can be a life threatening complication, so it is important we monitor your blood pressure during pregnancy.

Weight – You will be weighed at each visit, and a steady weight gain is best during pregnancy. Gaining and losing too much weight during pregnancy can affect your baby's health.

Urine tests – We will check your urine for sugar and protein, which can be signs of diabetes or preeclampsia.

Fetal Monitoring

Ultrasounds – An ultrasound uses sound waves to make a picture on a screen that shows the baby in the uterus and measures how well the baby is growing. An ultrasound can also spot some major birth defects. You will have an ultrasound at the beginning of your pregnancy to check how far along you are. You will also have another ultrasound around 20 weeks to check the development and sex of your baby. Ultrasounds are not able to detect all abnormalities but are a good way to tell if your baby is developing normally. We recommend limiting ultrasounds to those that are only medically necessary.

Fetal Testing – If you have diabetes, hypertension or other complications in your pregnancy, your provider might order ongoing fetal testing during the end of your pregnancy to monitor your baby.

Fetal Nonstress test – A fetal nonstress test shows the baby's heart rate over 20 minutes, and it is a good way to monitor fetal well-being.

Biophysical Profile – A biophysical test involves measuring the fluid around the baby and monitoring the baby's movements on ultrasound. This test is usually done with a fetal nonstress test as well.

Genetic Testing

These tests provide important information regarding your baby's risk of a genetic condition. Based on the results, you will be referred to Genetic Counseling for further information and discussion. You can also ask to speak to a genetic counselor about conditions that run in your family.

Cell Free DNA – This is a blood test that looks for genetic material to detect genetic conditions such as Down Syndrome. This test can be completed any time in pregnancy after 10 weeks gestational age.

Amniocentesis – For this test, a small amount of fluid around the baby is removed through a very thin needle put into the mother's belly (not through her belly button). The baby's cells found in the fluid can then be tested for certain kinds of conditions like Down Syndrome.

Chorionic villus sampling – For this test, a tiny sample of the placenta is taken, either through the belly or through a very thin tube through the vagina. The baby's cells in this tissue can be tested for certain conditions like Down Syndrome and other conditions passed down in families. This test cannot detect spina bifida. This test is usually done between 10 and 13 weeks of pregnancy. Genetic counseling can help you learn more about this test.

Carrier Screening – This is a blood test to check if you carry inherited health conditions that could affect your baby.



Making Healthy Choices for You and Your Baby

Here is some initial information about making healthy choices for you and your baby.

Prenatal Vitamins, Folic Acid, Iron and Docosahexaenoic Acid (DHA)

- Prenatal vitamins are made especially for pregnant women. Most prenatal vitamins have the right amount of folic acid and iron needed. It's best to start taking prenatal vitamins with folic acid prior to becoming pregnant if possible.
- Folic acid is important to help prevent certain birth defects that can affect the brain and spine called neural tube defects. Folic acid is found in foods such as bread, cereals, flour, pasta, white rice, orange juice, green leafy vegetables, and lentils or beans.
- Iron is a mineral your body uses to make hemoglobin, which helps to carry oxygen to your body as well as to your baby through the placenta. Your body requires additional iron during pregnancy. Some women develop a condition called anemia, which is a decrease of hemoglobin in your blood, and may require additional iron intake. Foods high in iron include lean meat, poultry, seafood, cereal, bread, leafy green vegetables, beans, nuts, raisins and dried fruit.
- DHA (docosahexaenoic acid) is a type of omega-3 fatty acid that is used during growth and development. It is recommended to consume 200 milligrams of DHA daily to help your baby's eyes and brain develop. Foods that are good sources of DHA are fish (that are low in mercury) such as herring, salmon, trout, anchovies, and halibut, orange juice, milk and eggs with added DHA.

Precautions During Pregnancy

Caffeine – Caffeine is found in items like tea, soda, coffee and energy drinks, chocolate, and some medicines. We don't know the effects of caffeine during pregnancy so it is best to limit the amount of caffeine consumed to a maximum of 200 mg daily, which is about one 12 ounce cup of coffee. Instead of drinking regular coffee, you can try coffees and teas that are decaffeinated (they have less caffeine in them).

Seafood – Some kinds of fish have too much mercury in them. Mercury can be harmful to the development of your baby. You can still eat fish—just choose fish that is low in mercury such as salmon, flounder, cod, catfish, trout, and Pollock. Do not eat fish that are often high in mercury such as swordfish, shark, tilefish, king mackerel, and tuna steaks. If you eat canned tuna, choose "light" tuna. It has less mercury in it than "white" or "albacore" canned tuna. Always make sure your seafood is cooked thoroughly. Always check with your local and state health departments for updates regarding healthy ways to eat fish. For more information, visit <https://tpwd.texas.gov> or call (800) 792-1112.

Hot tub exposure – Extreme heat can raise your body temperature. When your body temperature is too high, it can be a potential danger to the baby. It is best to avoid hot tub use during pregnancy.

Environmental and Occupational exposures – Avoid working with or exposures to metals (lead or mercury), chemical containing products (pesticides, cleaning solutions), and other dangerous substances like radiation (x-rays) or chemotherapeutic drugs. If you have to be in contact with these kinds of items be sure to use proper safety equipment (mask, gloves and gowns) to minimize complications. If your job includes heavy lifting, prolonged standing, or excess physical labor, you may need to make modifications to make your job safer and less stressful on your body. Discuss your work environment with your provider to confirm if it is safe for you to keep working during your pregnancy.

Intimate Partner Violence – Intimate partner violence is an important safety issue that can affect anyone and pregnant women are at a higher risk. We will routinely ask about your safety at your prenatal visits. If talking to your provider about this makes you uncomfortable, you can ask your provider about available resources, or get help by calling the National Domestic Violence Hotline at 1-800-799-7233 or the local SAFeline 24 hours a day at 512-267-7233.



YOUR PREGNANCY GUIDE

Medications in Pregnancy

This list includes medicines that are safe for consumption during pregnancy. If you are not sure about the safety of any medications, ask your provider.

APPROVED MEDICATIONS DURING PREGNANCY		
Aches/Pain	Acetaminophen (Tylenol) Extra Strength: <i>do not exceed 1000mg per dose or 3000mg per day</i>	Never take more than one medicine that contained acetaminophen at the same time
Allergy Symptoms	Chlorpheniramine (Chlor-Trimeton) Diphenhydramine (Benadryl) Loratidine (Claritin) <i>preferably after 1st trimester</i> Cetirizine (Zyrtec) <i>preferably after 1st trimester</i>	Choose ONE of these medications
Cold & Congestion	Guaifenesin (Mucinex) <i>preferably after 1st trimester</i> Guaifenesin with dextromethorphan (Robitussin DM) <i>preferably after 1st trimester</i> Sudafed: <i>only after 14 weeks gestation and never use if you have high blood pressure</i> Throat lozenges Saline nasal spray	Always check over-the-counter cold medications for alcohol, sugar, caffeine or aspirin. Take as directed and for no longer than seven days. Call the clinic if your symptoms persist
Constipation	Colace 100mg, one or two times per day Fibercon Metamucil Milk of Magnesia: <i>15-60ml daily at bedtime, do not exceed 60ml per day</i>	
Heartburn/ Indigestion/ Upset Stomach	Aluminum hydroxide/magnesium carbonate (Gaviscon): <i>do not exceed 120 ml per day</i> Aluminum hydroxide/magnesium carbonate/simethicone (Mylanta, Maalox): <i>do not exceed 120ml per day</i> Rolaids: <i>do not exceed 8 tablets per day</i> Tums: <i>do not exceed 8 tablets per day</i> Zantac 75-150mg twice daily, <i>do not exceed 2 tablets daily. Do not take for more than 14 days.</i> Famotidine (Pepcid): <i>do not exceed 20mg per day</i>	
Hemorrhoids	Anusol multi-symptom: <i>do not use Anusol Plus</i> Preparation H Witch Hazel (Tucks)	
Insomnia (Sleeplessness)	Diphenhydramine (Benadryl) Doxylamine (Unisom)	
Nausea	Diphenhydramine (Benadryl) Doxylamine (Unisom) 12.5mg <i>every 6-8 hours</i> Pyridoxine (Vitamin B6) 10mg <i>every 8 hours, may increase to a total of 150mg per day (50mg every 8 hours)</i>	
Yeast Infection	Miconazole (Monistat)	

Do NOT use these medications in pregnancy:

ibuprofen (Advil, Motrin)
naproxen (Aleve, Flanax)
aspirin*
aspirin containing products

bismuth subsalicylate (Pepto-Bismol)
sodium bicarbonate (Alka-Seltzer)
ketoprofen (Orudis)
chlorpheniramine (Coricidin)

* Do not take aspirin during pregnancy unless your provider instructs you to take it.



Avoiding Infections in Pregnancy

Toxoplasmosis – An infection caused by a parasite *Toxoplasma gondii*. This infection can cause significant health problems for your baby during pregnancy such as preterm birth or stillbirth. Symptoms include achy muscles, headache, fatigue, discomfort, swollen glands, and fever. To reduce your risk during pregnancy, cook all meat thoroughly, do not scoop cat litter and wear gloves while gardening.

Listeria – Unpasteurized dairy products or cold sandwich meat can cause food poisoning such as listeriosis. Pregnant women are 10 times more likely to get listeriosis than non-pregnant women (CDC, 2019). You can pass the infection to your baby and increase the risk of miscarriage, stillbirth, preterm labor, low birth weight or life-threatening infection. Pasteurization uses heat to kill listeria. To reduce your risk during pregnancy, eat only pasteurized cheese, milk and other dairy products. All meat, including cold cuts and hot dogs need to be heated thoroughly before eating.

Varicella – Varicella is a common infection in children known as chickenpox. This infection can be harmful to your baby if you get it during your pregnancy. If you have had Chickenpox before, you are likely immune and protected from infection during pregnancy. Chickenpox can be transmitted from an infected person who has a chickenpox rash or through the air (cough or sneeze). People are infectious 1-2 days prior to developing Chickenpox and until the rash dries and scabs over. To reduce your risk during pregnancy avoid exposure to people with chickenpox and discuss vaccination prior to pregnancy with your provider. Let your provider know if you think you have been exposed to chickenpox.

Cytomegalovirus – Cytomegalovirus (also called CMV) is a common virus many people are exposed to, especially during childhood. New exposure to CMV can be a cause of pregnancy complications. It is recommended to take precautions especially for families of young children in daycare or elementary school. To reduce your risk during pregnancy, do not share food, utensils or cups with young children and wash your hands well after contact with body fluids such as changing a diaper.

Zika Virus – The Zika virus is transmitted by mosquitos that can spread to your baby during pregnancy and cause complications. Zika virus can also be spread sexually. To reduce your risk during pregnancy, use mosquito repellent, use condoms if you have intercourse with anyone who has traveled to Zika-affected areas and don't travel to Zika-affected areas unless necessary. Check with your provider prior to making any travel plans where Zika may be prevalent.

Coronavirus (COVID-19) – Coronavirus is transmitted through the air (cough or sneeze) and pregnant women might be at increased risk of severe illness. To reduce your risk during pregnancy, follow current public health recommendations, which may include wearing a mask in public, following social distancing and good hand hygiene. Up to date recommendations can be found at www.cdc.gov.



YOUR PREGNANCY GUIDE

Dental Care

It is important to take good care of your teeth by going to routine dental appointments, brushing and flossing daily. Dental problems can cause complications in pregnancy. It is safe to receive dental care in pregnancy and your provider can refer you to a dentist as needed. CommUnityCare has several locations that can serve your needs.

Ben White Dental

1221 W. Ben White, Suite 112B
Austin, TX 78704
Phone: 512-978-9700

North Central Dental

1210 W. Braker Lane
Austin, TX 78758
512-978-9880

Southeast Health & Wellness Center

2901 Montopolis Drive
Austin, TX 78741
512-978-9901

South Austin

2529 South First Street
Austin, TX 78704
512-978-9865

Effects of Tobacco, Alcohol and Drug Use on You and Your Baby

Tobacco, alcohol and drug use can affect you and your baby's health. You will be asked about these more than once during the course of your pregnancy to provide you resources.

Tobacco

Tobacco is harmful to you and your baby. It increases your risk for preterm birth and growth restriction (baby born too small). Each time you smoke a cigarette, harmful chemicals such as tar, nicotine, and carbon monoxide reach your baby. These chemicals harm your baby by cutting off oxygen and nutrition needed for growth. Quitting decreases your risk complications during pregnancy.

The sooner you quit, the healthier you and your baby will be. If you can't quit, cutting back the amount you smoke is also helpful.

Quit Smoking Tips

- ✓ Call the American Cancer Society Hotline: 1-877-937-7848
- ✓ Write down all your good reasons to stop smoking
- ✓ Choose a "quit day." Throw away all your cigarettes, ashtrays, and matches on your "quit day"
- ✓ Ask your friends and family to help you quit or cut down
- ✓ Ask your doctor or nurse for help to stop smoking. Ask about classes or books to help you quit smoking
- If you are a heavy smoker and have not been able to quit or cut down, ask your provider for additional help.
- Ask about a nicotine patch or chewing gum, (approved for pregnancy) or a prescription for Zyban.

If You Feel like Smoking

- ✓ Go for a walk
- ✓ Drink water or juice
- ✓ Chew sugarless gum or eat carrot sticks, celery, or apples
- ✓ Keep your hands busy with activities such as knitting, crocheting, or doing a puzzle
- ✓ Talk to a friend
- ✓ Take deep breaths and count to five.
- ✓ Take a bubble bath
- ✓ Think about how strong and healthy your baby is growing
- ✓ Spend the money you would have spent on cigarettes on something special for you



Alcohol

Drinking any amount of alcohol during pregnancy is unsafe. Alcohol can cause Fetal Alcohol Spectrum Disorder. Babies born with this problem may have intellectual disability, heart problems and long-term health, learning, and behavior problems. Talk to your provider about your drinking habits. Your provider can help you decide if you have a problem and they can refer you for counseling or treatment if needed.

Do you have a drinking problem?

Sometimes it's hard to tell. If you're not sure, asking a few simple questions can help you figure out if your drinking is a problem.

- How many drinks does it take to make you feel high?
- Have people annoyed you by criticizing your drinking?
- Have you felt you ought to cut down on your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Total Score: _____

If your answer to the first question is more than two drinks, give yourself 2 points. Give yourself 1 point for every "yes" response to the other questions. If your total score is 2 or more, you may have an alcohol problem.

Modified from Sokol RJ, Martier SS, Ager JW. The T-ACE questions: practical prenatal detection of risk drinking. *Am J Obstet Gynecol* 1989; 160-865.

Drug Use

Any drug use during pregnancy is unsafe because your baby is exposed to every drug you take. The best way to protect your baby is not to use drugs.

Drugs such as marijuana, cocaine, meth or heroin can cause complications including:

- Premature delivery
- Bleeding in the baby's brain, which causes brain damage
- Babies to have withdrawal symptoms including fussiness and tremors

If you would like help to stop taking drugs or drinking, there are options for treatment.

- If you are seeking medication-assisted treatment to help with opioid abuse, ask your provider about a referral to a program that can help you.
- Integral Care at 512-472-4357
- Outreach Screening and Referral Services at 844-309-6385
- National Helpline at 1-800-662-4357



YOUR PREGNANCY GUIDE

Nutrition During Pregnancy

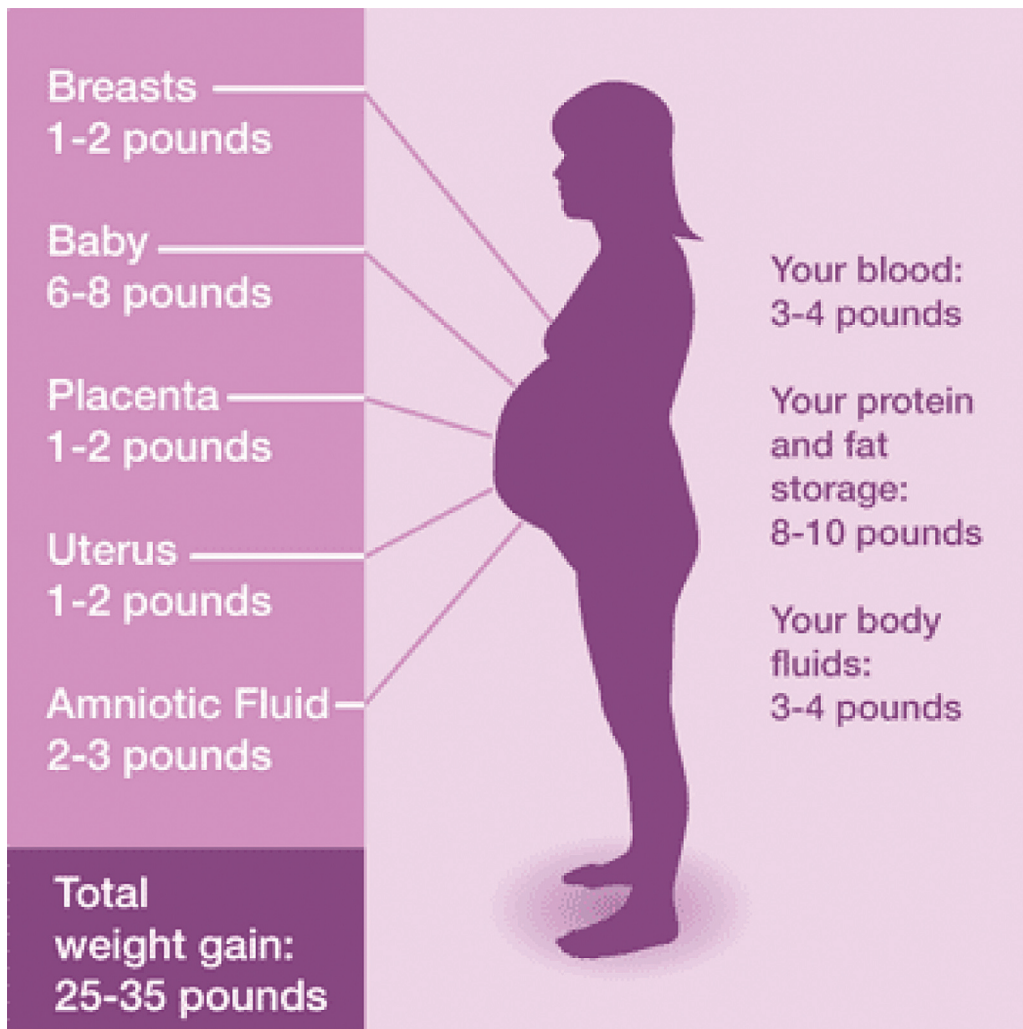
Weight Gain

The recommended weight gain is based on your body mass index (BMI) at the beginning of your pregnancy, which is a comparison of your weight and height. Making healthy food choices and staying active can help you maintain a healthy weight.

If you are:	BMI	Total weight gain
Underweight	<18.5	28-40 pounds
Normal weight	18.5-24.9	25-35 pounds
Overweight	25.0-29.9	15-25 pounds
Obese	≥30.0	11-20 pounds
Carrying twins		35-45 pounds

Because your baby is still very small during the first three months, limited weight gain is expected during this time. After the first three months, you should gain about 1 pound per week. With healthy food choices you can make sure you are gaining the proper amount of weight and getting enough vitamins and minerals for you and your baby.

Activities, such as walking and swimming, can help to maintain your weight and keep your body strong for a healthy birth. Always check with your provider before starting a new activity.



Source: <http://www.babyyourbaby.org/pregnancy/during-pregnancy/weight-gain.php>



Working together to support a healthy pregnancy

Make Every Bite Count

Many women find pregnancy to be an opportunity to develop healthy food habits. It is important to remember, pregnant women only need 100 to 300 extra calories a day from healthy food groups. Many women qualify for WIC, a supplemental food and nutrition program that helps provide you with healthy foods. To find the WIC Clinic nearest to you, call 1-800-942-3678.

Adopting a healthy diet can reduce your risk of developing gestational diabetes and promote a healthy pregnancy. Avoid highly processed foods such as fried, junk food and fast food. It is important to eat a variety of foods from the following food groups:

Grains: 6 ounces a day

1 ounce is equal to:

- 1 slice of bread
- 1 cup read-to-eat cereal
- ½ cup cooked rice, pasta or cereal
- 1 small pancake (4 ½ inches in diameter)
- 1 small tortilla (6 inches in diameter)

Milk Products: 3 cups per day (low fat or skim is best)

1 cup is equal to:

- 1 cup milk
- 1 cup yogurt
- 1 ½ ounces natural cheese (cheddar, parmesan)
- 2 ounces processed cheese (american)

Vegetables: 2 ½ cups per day

1 cup is equal to:

- 1 cup raw or cooked vegetables
- 1 cup vegetable juice
- 2 cups raw, leafy greens
- 1 medium baked potato (2 ½ o 3 inches in diameter)

Proteins: 5 to 5 ½ ounces per day

1 ounce is equal to:

- 1 tablespoon peanut butter
- ¼ cup cooked dry beans or tofu
- 1 ounce lean meat, poultry or fish
- 1 egg
- ½ ounce nuts (12 almonds, 24 pistachios)

Fruits: 1 ½ to 2 cups per day

½ cup is equal to:

- ½ cup 100-percent frozen fruit
- ½ cup fresh, frozen or canned fruit
- ½ a fruit (small orange, apple or banana)
- ¼ cup dried fruit
- 16 grapes

*These portions may be different for people with diabetes (gestational or Type 2)

Water

Make sure you drink plenty of water. It is recommended you drink at least 8-10 glasses of water a day. Try to limit soda and juice.



Exercise in Pregnancy

Being active is part of a healthy pregnancy and in general, you can continue your pregnancy exercise. Suggestions for exercise: walking or running, swimming, yoga, and Zumba and dance aerobics. Thirty minutes of exercise, five times a week is recommended. However, women with some medical problems may be advised not to exercise while pregnant. Talk to your provider about the best exercise activities for you. Make sure to drink water before, during, and after exercise.

Warning signs during exercise:

Stop and call your provider if you have:

- Dizzy spells or fainting
- Shortness of breath (unable to talk even after slowing down)
- An uneven or very fast heart rate
- Chest pain
- Pain that does not go away
- Trouble walking
- Vaginal bleeding
- Contractions that continue after rest
- Fluid leaking from your vagina

Your Changing Body in Pregnancy

Common Discomforts

Women may experience a variety of symptoms while pregnant and these discomforts can be completely normal. If you are concerned about any of your discomforts, talk to your provider. Below are some of the common discomforts you may experience:

Bleeding gums – If you are experiencing bleeding from your gums you can try using a softer bristle toothbrush, brushing more gently and flossing daily. If it doesn't improve, see a dentist.

Breast Discomfort – If you are experiencing breast discomfort, you can try wearing a good supportive bra with wide straps and no underwire. If your bra is too tight, try a bra that is at least one size larger. If you continue to have significant breast discomfort, talk to your provider.

Constipation – If you are experiencing constipation (difficulty with bowel movement), you can try eating more foods high in fiber such as vegetables and fruits (including dried fruit), whole grain breads, corn tortillas, brown rice, bran muffins and bran cereals. Make sure to drink plenty of water. Regular exercise can also help with constipation. Do not take laxatives while pregnant, but you can buy a stool softener over the counter. If constipation is severe, talk to your provider.

Dizziness – If you are experiencing dizziness, you can try drinking plenty of water and moving slowly when you change positions. If dizziness is a problem for you, tell your provider.

False labor – If you are experiencing false labor (irregular, mild contractions), you can try changing your position, relaxing in a warm bath/shower and drinking more water. In true labor, contractions become more regular and closer together. If you are having contractions every ten minutes, and you are less than 37 weeks, call your provider.

Feeling tired – If you are experiencing tiredness, you can try taking a walk or doing some activity each day, resting during the day when possible and try to get a good night's sleep. A healthy diet could also help boost your energy. If you are experiencing excessive tiredness, talk to your provider.

Frequent urination – If you are experiencing frequent urination (the need to void often), you can try limiting liquids before going to bed, cutting down on caffeine, and practicing Kegel exercises. If you are experiencing burning, pain, or blood in your urine, talk to your provider.



Working together to support a healthy pregnancy

Heartburn – If you are experiencing heartburn you can try avoiding greasy, fried or spicy foods, eating smaller portions, and avoid lying down just after eating. You can also try over the counter antacids as needed. If your heartburn doesn't improve, talk to your provider.

Hemorrhoids – If you are experiencing hemorrhoids (a painful swollen vein in the anal area that can itch, feel hard, or bleed), you can try eating more foods high in fiber such as vegetables and fruits (including dried fruit), whole grain breads, corn tortillas, brown rice, bran muffins and bran cereals. Make sure to drink plenty of water and avoid straining with bowel movements.

You can also use over the counter hemorrhoid treatment or pain relief medications (see approved medication list) and try soaking in a warm bath or sitz bath for 15 minutes, 2 to 3 times a day if possible. If hemorrhoids are severe, talk to your provider.

Low Back Pain – If you are experiencing low back pain, you can try frequent position changes, practicing good posture, wearing supportive footwear, using a footstool under your feet while sitting to keep your knees higher than your hips. Sleeping on a firm mattress or on your side with a pillow between your knees can also help. Using a heating pad and massage may also provide relief. If your back pain persists, talk to your provider. Here are some exercises to help with low back pain:

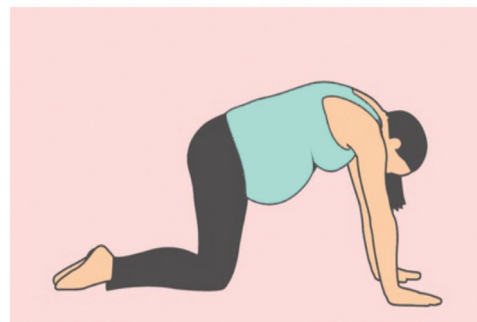
Kegel Exercise: to strengthen your pelvic floor

1. To identify the muscles you are trying to strengthen, try to start and stop urinating while using the toilet. Practice this tightening and releasing action (Kegel exercise) throughout the day.
2. Do your Kegels 3 times a day. Start with 5 repetitions and work up to 20–30 each session.

Pelvic rock: to strengthen abdominal core

There are 3 ways to do the pelvic rock:

1. **Hands and Knees:** Start on your hands and knees. Keep your arms straight. Balance your weight evenly on both knees. Tighten your abdomen and tuck your hips under. This action will hunch your back a little. Relax. Repeat 10 times slowly.
2. **Standing Against a Wall:** Start by standing with your back against the wall and your knees slightly bent. Tighten your abdomen, tuck in your buttocks, and flatten the small of your back against the wall. Hold and then relax. If you put your hands on your hip bones, you should feel them rock back and forth with this exercise. Repeat 10 times slowly.
3. **Lying on your Back:** Start by lying on your back. Bend your knees, keeping your feet flat on the floor. Tighten your lower abdominal muscles and the muscles in your buttocks to press the small of your back into the floor. Relax. While you relax, slip your hands under the small of your back. Repeat slowly 10 times. Roll onto your side and use your arms to get up.



Source: <https://mnwcare.com/our-services/obstetrics-pregnancy-care/exercise-in-pregnancy>

Lower leg cramps – If you are experiencing lower leg cramps, try staying active, keeping good posture and stretching your legs before bed. If lower leg cramps continue to be problem, talk to your provider.

Mood changes – If you are experiencing mood changes, you can try exercising regularly, taking time for rest and relaxation, talking to someone for support and doing only what is most needed each day. Be patient with yourself. Talk to your provider if you're feeling overwhelmed, depressed or anxious.

Nausea – If you are experiencing nausea (feeling sick to your stomach), you can try eating dry crackers, toast, or cereal before getting out of bed or whenever the feeling begins. Eat 5 to 6 small meals each day so your stomach does not get empty. Avoid the sight, smell, and taste of foods that make you feel sick. You can also try over the counter medications (see approved medication list), acupressure wristbands or acupuncture. Talk to your provider if you need more help controlling your nausea, feel faint, or throw up blood.



YOUR PREGNANCY GUIDE

Swelling of the hands and feet – If you are experiencing swelling of the hands and feet, you can try drinking plenty of water, limiting salt intake, resting with your feet elevated, wearing compression stockings and avoiding clothing that is tight around your waist. Staying active can also help to improve your swelling. Talk to your provider if you have swelling when you wake up in the morning, or if you have sudden swelling in your face or hands.

Trouble sleeping – If you are experiencing trouble with sleeping, you can try avoiding screens for at least 30 minutes prior to bedtime, taking a warm bath or shower before going to bed and avoiding caffeine. Increasing your exposure to natural sunlight during the day may help, and many people sleep better in a cooler temperature. If you continue to have difficulty sleeping, talk to your provider.

Varicose veins – If you are experiencing varicose veins (swollen, twisted veins just under the surface of your skin), you can try staying active, avoiding sitting for too long, raising your legs above your hips when resting. You can also try not wearing clothes that are too tight around your waist and wear compression stockings. If you continue to have concerns about your varicose veins, talk to your provider.

Sex During Pregnancy

Sex is safe while you are pregnant unless your provider advises against it. Pregnancy may change your desire and usual response to sex. This is different for every woman and her partner. Use a condom if you or your partner have sex with other partners because you can still get a sexually transmitted infection when you are pregnant.

During the later months of pregnancy, your belly may get hard during sex and stay that way for about a minute, especially after orgasm. This tightening is normal and should go away on its own. The baby may also get very active. Sex does not bother the baby.

Many women have a small amount of vaginal spotting after sex. Most of the time, this is completely normal. If your bleeding is more than spotting call your provider.

Do not have sex until you check with your provider if you have:

- Vaginal or belly pain
- Vaginal bleeding, itching or a change in your discharge
- Fluid leaking from your vagina (your “water breaks”)
- Premature labor
- Placenta Previa (placenta that covers the cervical opening)

Awareness of Fetal Movement/Fetal Kick Counts

Women typically begin to feel baby's movements at about 5 months of pregnancy or around 20 weeks. It may be a little sooner or even a little later for some women. As your pregnancy progresses, tell your provider if you notice your baby is not moving or is moving less often. Later in your pregnancy, your provider may ask you to do daily fetal kick counts.

Fetal Kick Counts

To do fetal kick counts, have a snack, lie down and relax in a quiet room. Your baby should move at least 10 times in two hours. If it takes longer to feel 10 movements or if you feel a decrease in the amount that your baby moves, alert your provider or go to the hospital for evaluation.



Common Complications During Pregnancy

Preeclampsia

Although rare, preeclampsia is a serious condition where a woman has high blood pressure, fluid retention and protein in her urine. Most women with preeclampsia will deliver healthy babies, but if the condition goes untreated, it could cause serious health problems for the mom and the baby. Typically, preeclampsia occurs toward the end of pregnancy but can occur any time after 20 weeks of pregnancy. We do not know what causes preeclampsia.

You are more at risk for developing preeclampsia if you have any of the following conditions:

- History of preeclampsia in a previous pregnancy
- Family history of preeclampsia
- This is your first pregnancy
- You are older than 40 years old
- You have chronic hypertension, diabetes, kidney or other chronic disease
- Pregnant with twins
- You are obese

Signs and symptoms of preeclampsia include:

- High blood pressure
- Protein in the urine
- Headaches, changes in vision (blurriness, flashing lights, floaters)
- Pain in the right upper abdomen with nausea or vomiting
- Sudden weight gain (2–5 lbs) in one week
- Sudden or extreme swelling in the legs, hands or face

Gestational Diabetes

Gestational Diabetes is a condition of high blood sugar in pregnancy. If not well controlled, gestational diabetes can cause complications for your baby. Some possible complications include the baby growing too big, preterm birth, breathing difficulties, low blood sugar, obesity and diabetes later in life. Gestational diabetes can sometimes be prevented by healthy diet choices, regular exercise and appropriate weight gain during pregnancy.

All women will be screened for gestational diabetes at 24-28 weeks. You may be screened earlier if you have certain risk factors including obesity, family history of diabetes, gestational diabetes in a previous pregnancy or a history of delivering a baby larger than 9 pounds.

Preterm labor

Preterm labor is labor that begins before 37 weeks of pregnancy. This is too early for a baby to be born, and babies born early are more likely to have breathing problems or infections. Preterm labor can happen to any person, but there are risk factors that can increase your likelihood to have preterm labor. Some of the risk factors include a history of preterm birth, pregnant with twins, alcohol and drug use, stress, high blood pressure and diabetes.



Preparing for Delivery and Postpartum

Call your provider or go the hospital if you have:

- Severe belly pain with no relief
- Painful contractions every 10 minutes if you are less than 37 weeks
- Painful contractions every 5 minutes if you are more than 37 weeks
- Any vaginal bleeding
- Painful urination
- Chills or fever above 100.4°F
- Foul smelling vaginal discharge
- Severe or constant headache
- Fainting or dizziness
- Sudden swelling in the face or hands
- Blurred vision or spots in front of your eyes
- Less movement than normal from your baby or less than 10 movements in two hours
- Fluid leaking from your vagina (your “water breaks”)

To speak with a nurse at any time call 512-978-9015

Hospital bag

Start to prepare for your delivery by your 36th week of pregnancy so you have what you’ll need in the hospital.





Labor and Delivery

Stages of Labor

There are four stages of labor

Stage	Definition	What to expect	Time frame
Stage One	The first stage of labor starts with the onset of labor and ends when the cervix is completely dilated (10 cm). This stage includes both latent and active phases.	Latent Labor: Women typically feel mild, irregular contractions. To promote comfort during early labor you can go for a walk, take a shower, practice breathing and relaxation techniques or try position changes. Active Labor: This starts from 6 cm cervical dilation until 10 cm cervical dilation. During this phase women experience stronger and more regular contractions. Some women feel increasing pressure in their backs or can experience nausea and vomiting. Pain relief options are available at the hospital as desired.	Stage one labor can be up to 14-20 hours, but is unpredictable and often longer for first delivery.
Stage Two	The second stage of labor starts at 10 cm cervical dilation to the birth of your baby.	You may feel intense pressure in your rectum or the urge to have a bowel movement when it is time to push. You may want to try different positions to help with pushing or use a mirror to see your progress. After delivering, your baby will be placed on your chest for skin-to-skin contact if there are no complications.	The length of time for this stage could be 20 minutes to several hours, depending on if this is your first delivery or if you have an epidural.
Stage Three	The third stage of labor is the delivery of the placenta.	After the delivery of your placenta, it is inspected to make sure it is intact and you will be given medication to help prevent bleeding issues. Your nurse will also massage your abdomen to make sure the uterus feels firm. It is normal to feel uterine cramping after delivery as your uterus starts to decrease in size. This often feels more intense with each subsequent pregnancy. Your provider will also evaluate for any lacerations (tears) that occurred during the delivery process and repair them as needed with stitches. You may receive an injection of local anesthetic for any laceration repairs.	The length of time of delivery of your placenta is typically in the first 5-30 minutes after the birth of your child.
Stage Four	The fourth stage is the immediate period of recovery after birth.	You may feel joy, relief and tiredness. Many babies are ready to nurse during this stage, which will help your uterus to contract and reduce the level of bleeding.	The fourth stage is the first 2-3 hours after birth.



YOUR PREGNANCY GUIDE

Arriving to the Hospital

When you get to the hospital, you will go directly to the labor and delivery unit. A nurse will review your history, place a fetal monitor to check the baby's heart rate and measure your contractions. If you or the nurses think your water has broken, you may get a vaginal swab to test if it really is amniotic fluid, which confirms that your water has broken. There will be a cervical check to see if your cervix is dilated.

Induction of Labor

Your provider may recommend an induction of labor. There are a variety of medications and techniques that can be used to start your labor depending on how dilated your cervix is at the time of induction.

Anesthesia Options

It is important to know what your options are for pain management during labor.

Natural or unmedicated labor	Natural or unmedicated labor involves the use of techniques such as breathing, distraction, walking, position changes and massage to cope with the contraction pain.
Intravenous (IV) pain medication	This is typically a narcotic pain medication given through your IV. It helps decrease the pain sensation and helps you relax between contractions. This medication frequently makes you drowsy and occasionally nauseated. This will give you quick pain relief, typically within a few minutes and can last 1-2 hours. It will generally not last your entire labor and additional doses may be needed. It cannot be given too close to delivery or too often because it may cause breathing issues for your baby after delivery.
Epidural	Some women want longer acting or more complete pain relief and decide to have an epidural during their labor. With an epidural, a catheter is placed in the space near the spine in your back and medication is continuously infused for pain relief. A urinary catheter will need to be placed. You will not be able to walk or leave your bed. It is the most effective option available to decrease labor pain.
Spinal anesthesia	If you have a cesarean delivery you will likely have spinal anesthesia for your surgery. This is a one-time injection of medication into the spinal space that gives pain relief for the duration of surgery.



Delivery Methods

Babies can be born either by vaginal delivery or by an abdominal surgery known as a cesarean delivery. The ultimate goal is a healthy mom and a healthy baby.

Vaginal Delivery

Vaginal delivery is the most common type of childbirth. In a vaginal delivery, the baby is born through the birth canal. The baby will move downward through the pelvis with each contraction. The length of time for the baby to be born varies depending on your body and the baby.

Operative Vaginal Deliveries – A woman may need the help of forceps or a vacuum during their vaginal delivery for a variety of reasons. Some reasons include exhaustion from labor and inability to push effectively, the need to avoid pushing in the second stage of labor, a prolonged labor and/or signs that the baby is in distress.

Cesarean Delivery

A cesarean birth is one where the baby is delivered from an incision in the abdomen. Your healthcare provider may recommend a cesarean delivery if there are complications that make a vaginal delivery unsafe.

Some reasons your provider may recommend cesarean delivery include:

- Placenta Previa
- Multiple gestation
- Previous cesarean deliveries
- An infection such as HIV or Herpes
- Serious health conditions that require prompt treatment
- The baby is not in a head down position (breech or transverse)
- Labor slows or stops progressing (cervix is no longer dilating)
- Cord prolapse, which is when the umbilical cord can slip into the vagina and get compressed
- If the baby doesn't tolerate labor

Trial of Labor after Cesarean (TOLAC) vs Repeat Cesarean

If you have had a cesarean delivery, you may elect to have a repeat cesarean delivery or you may be able to have a trial of labor to see if you can give birth vaginally. You can discuss these options in more detail with your provider.

Some things to consider include:

- The type and number of cesarean deliveries you had before
- The reason for your previous cesarean delivery
- If you had a previous vaginal delivery

Benefits of a TOLAC	Risks of TOLAC
<ul style="list-style-type: none">• No surgery• Less bleeding, infection and pain• A shorter recovery time• Less risk of complications in future pregnancies	<ul style="list-style-type: none">• Labor may not progress and you will still need a cesarean delivery• While it is rare, your uterus can rupture during labor, which can be very serious and dangerous for you and for your baby*

*Rupture occurs in 0.5-0.9% of labors in women who have had a previous low transverse cesarean. This risk is significantly higher (6-12%) if the uterine incision was not low transverse (ACOG, 2019).



Postpartum

Having a baby is an exciting experience. Here are some things to consider for after you have your baby.

Immediately Postpartum

- You will likely leave the hospital 1-2 days after a vaginal delivery and 2-3 days after a cesarean delivery.
- Try to get as much rest as possible the first few weeks after having your baby. Your priority is to sleep and care for your baby.
- Vaginal bleeding or spotting can be normal for up to six weeks postpartum.
- If you've had a cesarean delivery, your recovery will take longer. You may need additional support caring for your newborn.
- Other common discomforts during the postpartum period include mood changes, menstrual-like cramps, constipation, mild swelling in legs and feet, vaginal soreness, discomfort with urination and breast tenderness.
- If you have a laceration repair, stitches will go away on their own within about two weeks. Sitz baths and cold packs can help with the pain.
- It is recommended to abstain from sexual intercourse for six weeks after your baby is born.
- Wait to resume vigorous exercise until six weeks after delivery.
- Kegel exercises can be helpful postpartum to prevent leaking of urine and to strengthen the pelvic floor muscles (see page 13).
- You will have an appointment with your provider 2 weeks and 6 weeks after having your baby. An OB Coordinator will contact you during your hospital stay to schedule these appointments. If you are not contacted before discharge call 512-978-9435 to schedule.

Postpartum Warning signs:

If you experience these symptoms, call your provider or go to the hospital.

- Heavy vaginal bleeding (soaking through one large pad an hour)
- Temperature of 100.4 F or higher
- A swollen or red leg that is warm or painful to the touch
- Skin around incision site is opening, has increased redness, increased pain or foul-smelling discharge
- Headaches that do not improve with medication, changes in vision (blurriness, flashing lights, floaters)
- Severe pain in the right upper abdomen with or without nausea or vomiting

Postpartum Birth Control

Even if you are breastfeeding, you can get pregnant before your period returns. Start to think about your options for birth control while you are still pregnant and discuss with your provider. There are many forms of birth control that you can start soon after delivery.

Perinatal Mood and Anxiety Disorders (PMAD)

Baby Blues is very common after delivery. Baby blues commonly occurs 2-5 days after birth. You may feel sad, cranky, cry, moody or have trouble sleeping. These feelings are normal and usually only last 2 weeks or less. If these symptoms last longer or are severe, you may be experiencing a perinatal mood and anxiety disorder (PMAD).

PMAD is a term used to describe bothersome feelings a person experiences during and after pregnancy. Mood and anxiety disorders are the most common complication after having a baby. It can happen to any woman and it is difficult to predict who will develop symptoms of PMAD. Mood and anxiety disorders generally occurs between 1-3 weeks after giving birth but can present up to one year afterwards.

Symptoms of PMAD include:

- | | | |
|---|---|--|
| • Feeling down, sad, ashamed, or guilty | • Eating too much or not enough | • Little or no interest in normal activities |
| • Feeling like you are a failure | • Sleeping too much or not enough | • Feeling irritable or angry |
| • Feeling panicky, scared, or worried | • Trouble concentrating or making decisions | • Feeling overwhelmed |
| • Feeling tired all the time | • Trouble bonding with your baby | |
| • Having mood swings | | |

If you think you might be having symptoms of PMAD, see your health care provider right away. Treatment with medication and/or therapy may be an option. If you think you might hurt yourself or the baby, call 911 or the crisis services hotline at 512-472-4357.



Preparing for Your Baby

Breastfeeding

Breastfeeding provides the ideal food for optimal growth, development and health for your baby. Exclusively breastfeeding is recommended for the first 6 months. Breastmilk provides your baby with immune factors and nutrients that are designed especially for your baby. Breast milk changes as your baby grows so your baby gets exactly what they need at the right time. You will give your baby the best possible start when you breastfeed.

Benefits for Baby	Benefits for Mom
<ul style="list-style-type: none">• Lower risk of sudden infant death• Stronger immune systems• Fewer ear infections, colds and respiratory illnesses• Less likely to have diarrhea, constipation and reflux• Lower risk for obesity and high blood pressure when they are older• Fewer cavities when they are older	<ul style="list-style-type: none">• Quicker recovery after childbirth• Faster weight loss and return to pre-pregnancy weight• A lower risk of anemia after childbirth• Less expensive feeding option• Lower risk of ovarian cancer and some breast cancers• Lower risk of osteoporosis (bone loss) later in life

Breastfeeding Support

Both you and your baby will be learning about each other as you begin to breastfeed. Be sure you get the answers to your questions.

- Mom's Place: 512-972-6700
- Your local WIC staff: 512-972-4942
- Healthy Mothers, Healthy Babies: 800-322-2588
- The National Women's Health Information Center Breastfeeding Helpline: 800-994-WOMAN (9662)
- La Leche League of Texas: 806-680-MILK
- Talk to your provider or nurse

Breast Milk Storage

Type of Breast Milk	Room Temperature 77°F or colder (25°C)	Refrigerator 40°F (4°C)	Freezer 0°F or colder (-18°C)
Freshly Expressed or Pumped	Up to 4 hours	Up to 4 days	Within 6 months is best up to 12 months is acceptable
Thawed, Previously Frozen	1-2 hours	Up to 1 day (24 hours)	Never refreeze human milk after it has been thawed

Breastfeeding Considerations

If you have certain health conditions or take certain drugs, you should talk to your provider about breastfeeding your baby. Breastfeeding may not be the safest choice if you:

- Have HIV
- Have active, untreated tuberculosis
- Are being treated for breast cancer
- Get herpes lesions on your breasts



YOUR PREGNANCY GUIDE

Formula

If you are not breastfeeding, you can feed your baby formula, a manufactured milk product, and this is a healthy option.

There are three kinds of formula:

1. Ready-to-use liquid formula. You pour this formula right into your baby's bottle.
2. Concentrated liquid formula. You add water to this liquid formula before giving it to your baby.
3. Powdered formula (also called dry formula). You add water to the powder before giving it to your baby. Use the scoop that comes with the formula to measure the right amount.

Most formula is made with cow's milk. If your baby was born prematurely (before 37 weeks of pregnancy) or has certain health conditions, you may need specialized formula. Talk to your baby's health care provider about the right formula for your baby.

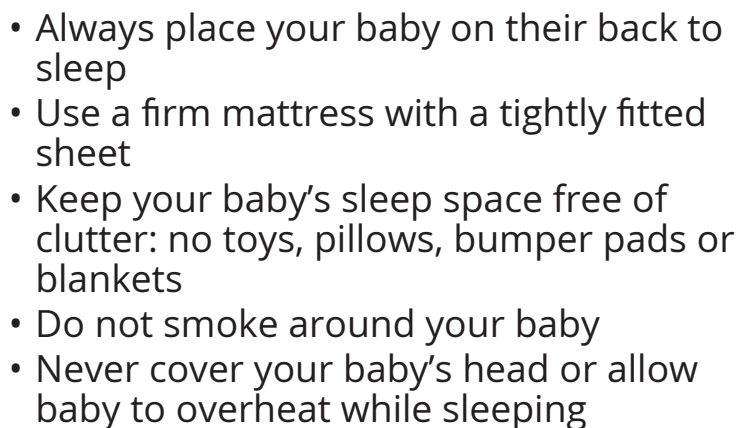
When you find a formula that your baby likes, use only that brand. Do not switch between brands. Call your baby's provider if your baby has gas, a rash, diarrhea or vomiting. These may be signs that the formula is not right for your baby, and with the guidance of your provider, you may need to try a different one.

Circumcision Education

A circumcision is a procedure where the foreskin of the penis is removed. Foreskin is the skin that is found on the tip of the penis. The decision to circumcise your son is a personal one and talk to your provider about any questions you may have prior to delivery. If you decide to circumcise your son, the procedure is typically done in the hospital 1-2 days after birth. At the hospital, they will teach you how to care for a healing circumcised penis.

Safe Sleep

A safe sleeping environment can help prevent infant death during the first year of life. The safest place for babies to sleep is in their parent's room, close to their parent's bed but on their own separate surface designed for infants. Whether you choose to have your infant sleep in your room, in a separate room, in a co-sleeper space or in their own crib or bassinet, the following guidelines should always be followed:

- 
- Always place your baby on their back to sleep
 - Use a firm mattress with a tightly fitted sheet
 - Keep your baby's sleep space free of clutter: no toys, pillows, bumper pads or blankets
 - Do not smoke around your baby
 - Never cover your baby's head or allow baby to overheat while sleeping



Working together to support a healthy pregnancy

Choose Your Baby's Provider

Your newborn will need to see their provider within 2-3 days of discharge from the hospital, and babies need frequent appointments. It is best to think about who your child's provider will be before delivery. It's important to consider location distance from your home and after-hours availability. An OB Coordinator will contact you during your hospital stay to schedule your baby's first appointment. If you are not contacted before discharge call 512-978-9435 to schedule.

Car Seat

The best way to keep your newborn safe during travel is to use the right car seat in the right way. You will need a rear-facing car seat installed in the backseat of your vehicle for all travel, and installation is required before leaving the hospital. You should follow the manufacturer's car seat instructions and vehicle owner's manual about proper installation. You can contact a certified child passenger safety technician (CPST) where you live. Visit the website <http://www.safercar.gov/cpsApp/cps/index.htm> to get more information on car seat safety and find a CPST near you. You can also call Austin SafeKids at 512-324-8687 to schedule an appointment. Bilingual technicians are available.

Congratulations!

Pregnancy is a time of great excitement and change,
and we want to support you and your growing family.
CommUnityCare is honored to be a part of your journey.
If you have any questions or concerns on any of the topics mentioned,
please talk to your provider.

